

# THE PARENT LETTER



About Our Kids:  
A Letter for Parents by the  
NYU Child Study Center

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## **MANAGING CHILDHOOD ASTHMA**

Asthma is a chronic inflammatory disease of the airways. Asthma symptoms include wheezing, chest tightness, breathlessness, and cough without a cold. Asthma symptoms are often most prevalent early in the morning or late at night. Despite significant improvements in medication, asthma is the most common chronic disease in childhood, affecting over 6 million children under the age of 18. Asthma is the third leading cause of hospitalization in children younger than 15. While asthma cannot be cured, with proper treatment it can be managed so children with asthma can lead lives without restrictions.

### **How Does Asthma Affect Youth?**

Children with asthma experience more days of activity limitations than children with other chronic diseases, therefore they miss opportunities to participate in social opportunities with friends.

Asthma is the leading cause of school absenteeism, accounting for 10 million school absences annually. Children with asthma miss about 10 days a year of school, which is significantly more compared to both their healthy peers and peers with other chronic illnesses. Youth with more severe asthma are also more likely to have poorer academic performance than peers with less severe asthma.

Youth with asthma are also at greater risk for psychological problems. For example, compared to healthy peers, they are more likely to be diagnosed with anxiety or depression. Many feel socially isolated, have low self-esteem, and experience fear, guilt, and shame about their illness. They are sometimes embarrassed by feeling short of breath or needing to take medication in front of their friends.

### **How Does Asthma Affect Families?**

Asthma impacts not only the child with the disease, but also family members. Stress levels in families with asthma exceed those in families of healthy children. Caring for a child's asthma also requires extra time and energy from parents. Some time-consuming and difficult tasks for parents include: providing emotional support for the child, organizing asthma treatments around work and school, and managing finances around the disease. Caregivers also report being worried that their child will have an attack while away from them.

### **What Happens in Lungs With Asthma?**

Two things happen in the lungs that cause asthma symptoms: inflammation and bronchospasm. Inflammation, or swelling in the airways or the tubes leading to the lungs, causes the airways to get smaller, making it difficult to get air in and out of the lungs. Bronchospasm refers to the muscles around the tubes of the lungs squeezing tightly, making the airways even smaller and more difficult to get air into and out of the lungs.

### **What Exacerbates Asthma?**

There are several things that can make asthma worse. One is "triggers", or things that cause children to experience asthma symptoms. Common triggers are changes in the weather, furry animals like cats and dogs, colds or the flu, smoke, exercise, strong smells like paint or perfume, dust mites, cockroaches, feathers, and indoor and outdoor molds. Strong emotions, like stress, anxiety, and anger may also trigger and/or exacerbate asthma. Being overweight or obese also exacerbates asthma. Overweight and obese children with asthma use more asthma medication, have more days of wheezing, and make more Emergency Department visits than children with asthma who are not overweight or obese.

### **Treating Asthma**

Controlling asthma requires regular medical treatment. Doctors may prescribe two types of medication to treat asthma symptoms: long-term controllers and quick-relievers. Long-term control medications reduce inflammation and prevent future attacks. They are taken every day, even when children have no symptoms. Long-term controllers take a few days to work and are recommended for children who have symptoms three or more days a week or wake up at night from

symptoms three or more days a month. Quick-relievers open airways. They take 10-15 minutes to work, and it is recommended that they are taken as soon as children have symptoms, before exercising or being near triggers, and at the first sign of a cold.

In addition to taking medication as prescribed, it is important for children with asthma to see their doctors regularly, even if they are not having symptoms. These visits allow doctors to monitor symptoms and how well the medication is working. Children with asthma should also have a written asthma action plan from their doctors. This plan helps children and caregivers know when each medication should be taken, how often, and what to do when symptoms occur.

Other non-medical things you can do to control asthma are:

- Minimize your child's exposure to triggers.
- Teach your children how to cope with stress. Some stress-reducing activities for children include: dancing or exercising, listening to music, reading something that is fun, doing brain teaser puzzles, watching television or movies on lighthearted topics, reaching out to friends, treating themselves to something they don't do often but enjoy, and thinking positively.

### **Controlling Asthma in Schools**

When schools do not have an emergency plan, asthma attacks in school can be more serious and require a longer response time. Therefore, it is essential to work with your child's school to control asthma. Ways to do this include: getting to know the nurse, letting your child's teacher and school nurse know that she has asthma, and communicating special needs your child may have about the use of medication in school or trigger control within the school. It is also important to have a copy of the written asthma action plan your doctor gives you on file at school. This plan will let the school know what you want done in an emergency. Your child should always have his quick-reliever medication with him at school. Some school districts require a form to be completed by the doctor to allow children to carry their medication. Check with your school to see if they require such a form. Working with school personnel to allow your child take his medication as needed during the school day is important.

### **Useful Resources**

- American Lung Association: <http://www.lungusa.org/site/pp.asp?c=dvLUK900E&b=22542>
- Asthma Moms: [www.asthamamoms.com](http://www.asthamamoms.com)
- Asthma Action Plans: In NYC call 311, or go to the following website: <http://www.nyc.gov/html/doh/html/pub/pub.shtml?t=ast>

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### **ABOUT THE NYU CHILD STUDY CENTER**

The NYU Child Study Center is dedicated to the research, prevention, and treatment of child and adolescent psychiatric disorders. The Center offers evaluation and treatment for children and teenagers with various disorders including anxiety, depression, ADHD, learning or attention difficulties, Autism, eating disorders, and trauma and stress-related symptoms.

We offer a number of treatment studies at no cost for specific disorders and age groups. To see if your child would be appropriate for one of these studies, please call (212) 263-8916 or visit [www.aboutourkids.org/research/studies.html](http://www.aboutourkids.org/research/studies.html).

The NYU Child Study Center also offers workshops and lectures for parents, educators, and mental health professionals on a variety of mental health and parenting topics. The Family Education Series consists of 13 informative workshops focused on child behavioral and attentional difficulties. To learn more or to request a speaker, please call (212) 263-8861.

For further information, guidelines, and practical suggestions on child mental health and parenting issues, please visit the NYU Child Study Center's website, [AboutOurKids.org](http://AboutOurKids.org).

**AboutOurKids.org**

**Giving Children Back Their Childhood**

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